



Family, Friends, and Church Sponsorship Sheet

A resident is required to pay a **mandatory, one-time induction fee**. However, every student is asked to provide 3-6 names and phone numbers to anyone who can help provide for some of the program cost for his/her stay here. **Please fill in all of the information per sponsor.**

Name: _____ Relationship: _____
Occupation: _____ Phone Number: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Name: _____ Relationship: _____
Occupation: _____ Phone Number: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Name: _____ Relationship: _____
Occupation: _____ Phone Number: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Name: _____ Relationship: _____
Occupation: _____ Phone Number: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Name: _____ Relationship: _____
Occupation: _____ Phone Number: _____
Address: _____
City: _____ State: _____ Zip Code: _____

I, _____ (student name), hereby allow Great Lakes Adult and Teen Challenge to contact the above individuals on my behalf in order to obtain sponsorship funding to help with the cost of my stay in the program. I understand that Great Lakes Adult and Teen Challenge will only inform the above individuals that I am in fact currently a student in the program, and will not give out any confidential information in regards to my treatment or prognosis.

Student Signature: _____ Date: _____

For Office Use Only:	
Date: _____	Staff Initials: _____
Comments: _____ _____	